

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33957

1. PLACE OF DEATH
78 County De Witt Registration District No. 651
Township Little Prairie Primary Registration District No. 5863
City Little Prairie (No.) St. Ward

2. FULL NAME Mildred E. White
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-25-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maple Grove, Mo.

13. NAME Eda Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maple Grove, Mo.

15. MAIDEN NAME Eda Mann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maple Grove, Mo.

17. INFORMANT (ADDRESS) Maple Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove, Mo.

19. UNDERTAKER (ADDRESS) Maple Grove, Mo.

20. FILED Oct. 16, 1933 Eda Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25-1933 to Oct. 2-1933
I last saw him alive on Oct. 1-1933. Death is said to have occurred on the date stated above, at 1:40 p. m.
The principal cause of death and related causes of importance were as follows:
Malaria
38
Other contributory causes of importance: 38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. R. Pinion M. D.
(Address) Caruthersville, Mo.

